

## FOIA Request Mailed Form

First Name and Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

If using an APO/FPO Address, write APO/FPO here.

State: \_\_\_\_\_

If using APO/FPO Address, enter AA, AE, or AP as state.

Zip Code: \_\_\_\_\_

Please enter 5 digit zip code

Phone: \_\_\_\_\_

Please enter phone number including area code, in this format: xxx-xxx-xxxx

Email Address: \_\_\_\_\_

### Nature of Request

In order to determine status to assess fees, please select from the following:

- ☐ Personal—Personal Use
- ☐ Educational/Non-Commercial—Scholarly Purpose
- ☐ Commercial—Information for a Company
- ☐ News—News gathering non-commercial

Media Name: \_\_\_\_\_

Please specify Media Name if you chose “News” as the reason for your request.

### Media Type

Please select the Media Type if you chose “News as the reason for your request.

- ☐ Newspaper
- ☐ Magazine
- ☐ Television
- ☐ Freelance
- ☐ Other

If you chose “Other,” Please specify: \_\_\_\_\_

Purpose of Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Range of Request: \_\_\_\_\_ to \_\_\_\_\_  
Please enter Date in DD Mon YYYY Format.

Description of Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Willingness and agreement to pay fees  
I am willing to pay for this request up to a maximum of \$\_\_\_\_\_. Please inform me if the  
estimated fees will exceed this limit before processing my request.

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

